

AUTHORIZATION FOR ASSIGNMENT TO QUARTERS BY DEPENDENT SPOUSE			DATE _____
NAME OF SPONSOR (LAST, FIRST, MIDDLE INITIAL)	RANK	SOCIAL SECURITY NUMBER	
NAME OF SPOUSE	PHONE NUMBER INCLUDING AREA CODE		
CURRENT ADDRESS			
CITY	STATE	ZIP CODE	
<p>I authorize my spouse to accept assignment to government quarters during my period of absence. My spouse will report all changes in address and telephone number to the Family Housing Office at telephone number 830-6611. I authorize my spouse to accept Government Quarters. I authorize my spouse to obligate my Pay and Allowance for Government Quarters.</p>			
SIGNATURE OF SPONSOR	I have read and understand the above.		
	Signature, of Spouse		
REMARKS (For Base Housing Use)			
HOUSING REPRESENTATIVE		DATE	

MCAGCC29P -11103/9 (10-03)